



HIPAA Companion Guide Specifications

TXN 276/277 Health Care Claim Status Request and Response

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1. INTRODUCTION

This Companion Guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid (NCXIX). The Division of Medical Assistance's (DMA) solution for Health Insurance Portability and Accountability Act (HIPAA) recommends suggested methods for utilizing the transactions.

2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline.

The 276 transaction set adds new functionality by allowing providers of NCXIX services to transmit batch electronic requests for the status of health care claims, and the 277 transaction set provides the electronic responses for these requests. To ensure HIPAA compliance, additional functionality allows NCXIX providers to submit a claim status request through executing a 276 transaction, and the 277 transaction provides the electronic response to this request.

The Automated Voice Response System (AVRS) provides a means for providers to obtain claim status requests. The AVRS will continue to provide real-time claim status responses. The claim status functionality of the AVRS will not change since voice response and fax-back systems have been exempted from transaction set compliance by the Centers for Medicare and Medicaid Services (CMS). The AVRS Claim Status Request process will be unchanged, the content of the data returned will be unchanged, and the functionality of the AVRS will not be affected.

This companion guide outlines the NCXIX search criteria for the claim status request sent in the 276 transaction and the response data provided in the 277 transaction.

3. 276 CLAIM STATUS REQUEST TRANSACTION MAP

LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
				Interchange Control Header	Follow rules of the Implementation Guide
		R	ISA01	Authorization Information Qualifier	Follow rules of the Implementation Guide
			ISA02	Authorization Information	Follow rules of the Implementation Guide
			ISA03	Security Information Qualifier	Follow rules of the Implementation Guide
			ISA04	Security Information	Follow rules of the Implementation Guide
			ISA05	Interchange ID Qualifier	Follow rules of the Implementation Guide
			ISA06	Interchange Sender ID	For NC Medicaid use your Trading Partner ID
			ISA07	Interchange ID Qualifier	Follow rules of the Implementation Guide
			ISA08	Interchange Receiver ID	For NC Medicaid use NCXIX
			ISA09	Interchange Date	Follow rules of the Implementation Guide
			ISA10	Interchange Time	Follow rules of the Implementation Guide
			ISA11	Interchange Control Standards Identifier	Follow rules of the Implementation Guide
			ISA12	Interchange Control Version Number	Follow rules of the Implementation Guide
			ISA13	Interchange Control Number	Follow rules of the Implementation Guide
			ISA14	Acknowledgment Requested	Follow rules of the Implementation Guide
			ISA15	Usage Identifier	Follow rules of the Implementation Guide
			ISA16	Component Element Separator	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
N/A	1	R	ST01	Transaction Set Identifier Code	Follow rules of the Implementation Guide
			ST02	Transaction Set Control Number	Follow rules of the Implementation Guide
N/A	1	R	BHT01	Hierarchical Structure Code	Follow rules of the Implementation Guide
			BHT02	Transaction Set Purpose Code	Follow rules of the Implementation Guide
			BHT03	Originator Application Transaction Identifier	Follow rules of the Implementation Guide
			BHT04	Transaction Set Creation Date	Follow rules of the Implementation Guide
			BHT05	Transaction Set Creation Time	Follow rules of the Implementation Guide
			BHT06	Transaction Type Code	Follow rules of the Implementation Guide
2000A/R-52	>1			INFORMATION SOURCE LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
2100A/R-54	>1			PAYER NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Payer Name	Follow rules of the Implementation Guide
			NM104	First Name	Follow rules of the Implementation Guide
			NM105	Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			NM107	Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	For NCXIX and NCDMH use PI
			NM109	Payer Identifier	For NC Medicaid use NCXIX. For NC Mental Health use NCDMH
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	1	S	PER01	Contact Function Code	Follow rules of the Implementation Guide
			PER02	Payer Contact Name	Follow rules of the Implementation Guide
			PER03	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER04	Payer Contact Communication Number	Follow rules of the Implementation Guide
			PER05	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER06	Communication Number	Follow rules of the Implementation Guide
			PER07	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER08	Payer Contact Communication Number	Follow rules of the Implementation Guide
			PER09	Contact Inquiry Reference	Follow rules of the Implementation Guide
2000B/R-60	> 1			INFORMATION RECEIVER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
2100B/R-62	> 1			INFORMATION RECEIVER NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Information Receiver Last or Organizational Name	Follow rules of the Implementation Guide
			NM104	Information Receiver First Name	Follow rules of the Implementation Guide
			NM105	Information Receiver Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Information Receiver Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	Follow rules of the Implementation Guide
			NM109	Information Receiver Identification Number	Follow rules of the Implementation Guide
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
2000C/R-65	> 1			SERVICE PROVIDER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
2100C/R-67	> 1			PROVIDER NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Provider Last or Organizational Name	Follow rules of the Implementation Guide
			NM104	Provider First Name	Follow rules of the Implementation Guide
			NM105	Provider Middle Name	Follow rules of the Implementation Guide
			NM106	Provider Name Prefix	Follow rules of the Implementation Guide
			NM107	Provider Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	For NCXI X use SV – Service Provider Number
			NM109	Provider Identifier	Medicaid Provider Number
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
2000D/R-70	>1			SUBSCRIBER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
	1	S	DMG01	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DMG02	Subscriber Birth Date	Follow rules of the Implementation Guide
			DMG03	Subscriber Gender Code	Follow rules of the Implementation Guide
			DMG04	Marital Status Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			DMG05	Race or Ethnicity Code	Follow rules of the Implementation Guide
			DMG06	Citizenship Status Code	Follow rules of the Implementation Guide
			DMG07	Country Code	Follow rules of the Implementation Guide
			DMG08	Basis of Verification Code	Follow rules of the Implementation Guide
			DMG09	Quantity	Follow rules of the Implementation Guide
2100D/R-74	>1			SUBSCRIBER NAME	
	1	R	NM101	Entity Identifier Code	For NCXIX use QC – Patient
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Subscriber Last Name	Follow rules of the Implementation Guide
			NM104	Subscriber First Name	Follow rules of the Implementation Guide
			NM105	Subscriber Middle Name	Follow rules of the Implementation Guide
			NM106	Subscriber Name Prefix	Follow rules of the Implementation Guide
			NM107	Subscriber Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	For NCXIX use MI – Member Identification Number
			NM109	Subscriber Identifier	Recipient Medicaid Identification Number
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
2200D/R-77	>1			CLAIM SUBMITTER TRACE NUMBER	
	1	R	TRN01	Trace Type Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			TRN02	Trace Number	Follow rules of the Implementation Guide
			TRN03	Originating Company Identifier	Follow rules of the Implementation Guide
			TRN04	Reference Identification	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Payer Claim Control Number	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Bill Type Identifier	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Medical Record Number	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	AMT01	Amount Qualifier Code	Follow rules of the Implementation Guide
			AMT02	Total Claim Charge Amount	For NCXIX, use the Original Billed Amount of the claim
			AMT03	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	1	S	DTP01	Date Time Qualifier	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			DTP02	Date Time Period Format Qualifier	Request Dates Of Service (DOS)
			DTP03	Claim Service Period	Follow rules of the Implementation Guide
2210D/S-88	>1			SERVICE LINE INFORMATION	
	1	S	SVC01	Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
			SVC01-1	Product or Service ID Qualifier	Follow rules of the Implementation Guide
			SVC01-2	Procedure Code	Follow rules of the Implementation Guide
			SVC01-3	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-4	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-5	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-6	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-7	Description	Follow rules of the Implementation Guide
			SVC02	Line Item Charge Amount	Follow rules of the Implementation Guide
			SVC03	Monetary Amount	Follow rules of the Implementation Guide
			SVC04	Revenue Code	Follow rules of the Implementation Guide
			SVC05	Quantity	Follow rules of the Implementation Guide
			SVC06	Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
			SVC07	Original Units of Service Count	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Line Item Control Number	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	R	DTP01	Date Time Qualifier	Follow rules of the Implementation Guide
			DTP02	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DTP03	Service Line Date	Follow rules of the Implementation Guide
9999/R-120	1			TRANSACTION SET TRAILER	
	1	R	SE01	Number of Included Segments	Follow rules of the Implementation Guide
			SE02	Transaction Set Control Number	Follow rules of the Implementation Guide



4. 277 CLAIM STATUS RESPONSE TRANSACTION MAP

LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
				Interchange Control Header	Follow rules of the Implementation Guide
	1	R	ST01	Transaction Set Identifier Code	Follow rules of the Implementation Guide
			ST02	Transaction Set Control Number	Follow rules of the Implementation Guide
	1	R	BHT01	Hierarchical Structure Code	Follow rules of the Implementation Guide
			BHT02	Transaction Set Purpose Code	Follow rules of the Implementation Guide
			BHT03	Originator Application Transaction Identifier	Follow rules of the Implementation Guide
			BHT04	Transaction Set Creation Date	Follow rules of the Implementation Guide
			BHT05	Transaction Set Creation Time	Follow rules of the Implementation Guide
			BHT06	Transaction Type Code	Follow rules of the Implementation Guide
2000A/R-128	> 1			INFORMATION SOURCE LEVEL	Follow rules of the Implementation Guide
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
2100A/R-130	> 1			PAYER NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Payer Name	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			NM104	First Name	Follow rules of the Implementation Guide
			NM105	Middle Name	Follow rules of the Implementation Guide
			NM106	Name Prefix	Follow rules of the Implementation Guide
			NM107	Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	Follow rules of the Implementation Guide
			NM109	Payer Identifier	NCXIX will set this value to NCXIX NC Mental Health will set this value to NCDMH
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
	1	S	PER01	Contact Function Code	Follow rules of the Implementation Guide
			PER02	Payer Contact Name	Follow rules of the Implementation Guide
			PER03	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER04	Communication Number	Follow rules of the Implementation Guide
			PER05	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER06	Communication Number	Follow rules of the Implementation Guide
			PER07	Communication Number Qualifier	Follow rules of the Implementation Guide
			PER08	Communication Number	Follow rules of the Implementation Guide
			PER09	Contact Inquiry Reference	Follow rules of the Implementation Guide
2000B/R-136	> 1			INFORMATION RECEIVER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
2100B/R-138	> 1			INFORMATION RECEIVER NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Information Receiver Last or Organizational Name	Follow rules of the Implementation Guide
			NM104	Information Receiver First Name	Follow rules of the Implementation Guide
			NM105	Information Receiver Middle Name	Follow rules of the Implementation Guide
			NM106	Information Receiver Name Prefix	Follow rules of the Implementation Guide
			NM107	Information Receiver Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	Follow rules of the Implementation Guide
			NM109	Information Receiver Identification Number	Follow rules of the Implementation Guide
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
2000C/R-141	> 1			SERVICE PROVIDER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
2100C/R-143	> 1			PROVIDER NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Provider Last or Organization Name	Follow rules of the Implementation Guide
			NM104	Provider First Name	Follow rules of the Implementation Guide
			NM105	Provider Middle Name	Follow rules of the Implementation Guide
			NM106	Provider Name Prefix	Follow rules of the Implementation Guide
			NM107	Provider Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	Follow rules of the Implementation Guide
			NM109	Provider Identifier	NCXIX will return the NCXIX Provider Number
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide
2000D/R-146	> 1			SUBSCRIBER LEVEL	
	1	R	HL01	Hierarchical ID Number	Follow rules of the Implementation Guide
			HL02	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
			HL03	Hierarchical Level Code	Follow rules of the Implementation Guide
			HL04	Hierarchical Child Code	Follow rules of the Implementation Guide
	1	R	DMG01	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DMG02	Subscriber Birth Date	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			DMG03	Subscriber Gender Code	Follow rules of the Implementation Guide
			DMG04	Marital Status Code	Follow rules of the Implementation Guide
			DMG05	Race or Ethnicity Code	Follow rules of the Implementation Guide
			DMG06	Citizenship Status Code	Follow rules of the Implementation Guide
			DMG07	Country Code	Follow rules of the Implementation Guide
			DMG08	Basis of Verification Code	Follow rules of the Implementation Guide
			DMG09	Quantity	Follow rules of the Implementation Guide
2100D/R-150	> 1			SUBSCRIBER NAME	
	1	R	NM101	Entity Identifier Code	Follow rules of the Implementation Guide
			NM102	Entity Type Qualifier	Follow rules of the Implementation Guide
			NM103	Subscriber Last Name	Follow rules of the Implementation Guide
			NM104	Subscriber First Name	Follow rules of the Implementation Guide
			NM105	Subscriber Middle Name	Follow rules of the Implementation Guide
			NM106	Subscriber Name Prefix	Follow rules of the Implementation Guide
			NM107	Subscriber Name Suffix	Follow rules of the Implementation Guide
			NM108	Identification Code Qualifier	Follow rules of the Implementation Guide
			NM109	Subscriber Identifier	NCXIX will return the Recipient's MID
			NM110	Entity Relationship Code	Follow rules of the Implementation Guide
			NM111	Entity Identifier Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
2200D/R-153	> 1			CLAIM SUBMITTER TRACE NUMBER	
	1	R	TRN01	Trace Type Code	Follow rules of the Implementation Guide
			TRN02	Trace Number	Follow rules of the Implementation Guide
			TRN03	Originating Company Identifier	Follow rules of the Implementation Guide
			TRN04	Reference Identification	Follow rules of the Implementation Guide
	1	R	STC01	Health Care Claim Status	Follow rules of the Implementation Guide
			STC01-1	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
			STC01-2	Health Care Claim Status Code	Follow rules of the Implementation Guide
			STC01-3	Entity Identifier Code	Follow rules of the Implementation Guide
			STC02	Status Information Effective Date	Follow rules of the Implementation Guide
			STC03	Action Code	Follow rules of the Implementation Guide
			STC04	Total Claim Charge Amount	Follow rules of the Implementation Guide
			STC05	Claim Payment Amount	Follow rules of the Implementation Guide
			STC06	Adjudication or Payment Date	Follow rules of the Implementation Guide
			STC07	Payment Method Code	Follow rules of the Implementation Guide
			STC08	Check Issue or EFT Effective Date	Follow rules of the Implementation Guide
			STC09	Check or EFT Trace Number	Follow rules of the Implementation Guide
			STC10	Health Care Claim Status	Follow rules of the Implementation Guide
			STC10-1	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
			STC10-2	Health Care Claim Status Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			STC10-3	Entity Identifier Code	Follow rules of the Implementation Guide
			STC11	Health Care Claim Status	Follow rules of the Implementation Guide
			STC11-1	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
			STC11-2	Health Care Claim Status Code	Follow rules of the Implementation Guide
			STC11-3	Entity Identifier Code	Follow rules of the Implementation Guide
			STC12	Free-Form Message Text	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Payer Claim Control Number	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Bill Type Identifier	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Medical Record Number	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	DTP01	Date Time Qualifier	Follow rules of the Implementation Guide
			DTP02	Date Time Period Format Qualifier	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			DTP03	Claim Service Period	Follow rules of the Implementation Guide
2220D/S-173	> 1			SERVICE LINE INFORMATION	
	1	S	SVC01	Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
			SVC01-1	Product or Service ID Qualifier	Follow rules of the Implementation Guide
			SVC01-2	Procedure Code	Follow rules of the Implementation Guide
			SVC01-3	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-4	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-5	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-6	Procedure Modifier	Follow rules of the Implementation Guide
			SVC01-7	Description	Follow rules of the Implementation Guide
			SVC02	Line Item Charge Amount	Follow rules of the Implementation Guide
			SVC03	Line Item Provider Payment Amount	Follow rules of the Implementation Guide
			SVC04	Revenue Code	NCXIX will not utilize this segment when SVC01-1 = HC
			SVC05	Quantity	Follow rules of the Implementation Guide
			SVC06	Composite Medical Procedure Identifier	Follow rules of the Implementation Guide
			SVC07	Original Units of Service Count	Follow rules of the Implementation Guide
	1	S	STC01	Health Care Claim Status	Follow rules of the Implementation Guide
			STC01-1	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
			STC01-2	Health Care Claim Status Code	Follow rules of the Implementation Guide
			STC01-3	Entity Identifier Code	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			STC02	Status Information Effective Date	Follow rules of the Implementation Guide
			STC03	Action Code	Follow rules of the Implementation Guide
			STC04	Line Item Charge Amount	Follow rules of the Implementation Guide
			STC05	Line Item Provider Payment Amount	Follow rules of the Implementation Guide
			STC06	Date	Follow rules of the Implementation Guide
			STC07	Payment Method Code	Follow rules of the Implementation Guide
			STC08	Date	Follow rules of the Implementation Guide
			STC09	Check Number	Follow rules of the Implementation Guide
			STC10	Health Care Claim Status	Follow rules of the Implementation Guide
			STC10-1	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
			STC10-2	Health Care Claim Status Code	Follow rules of the Implementation Guide
			STC10-3	Entity Identifier Code	Follow rules of the Implementation Guide
			STC11	Health Care Claim Status	Follow rules of the Implementation Guide
			STC11-1	Health Care Claim Status Category Code	Follow rules of the Implementation Guide
			STC11-2	Health Care Claim Status Code	Follow rules of the Implementation Guide
			STC11-3	Entity Identifier Code	Follow rules of the Implementation Guide
			STC12	Free-Form Message Text	Follow rules of the Implementation Guide
	1	S	REF01	Reference Identification Qualifier	Follow rules of the Implementation Guide
			REF02	Line Item Control Number	Follow rules of the Implementation Guide
			REF03	Description	Follow rules of the Implementation Guide



LOOP	SEG Repeat	SEG REQUIREMENT	ELEMENT	Industry Name	North Carolina Medicaid Specifications
			REF04	Reference Identifier	Follow rules of the Implementation Guide
	1	S	DTP01	Date Time Qualifier	Follow rules of the Implementation Guide
			DTP02	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
			DTP03	Service Line Date	Follow rules of the Implementation Guide
9999/R-234	1			TRANSACTION SET TRAILER	
	1		SE01	Transaction Segment Count	Follow rules of the Implementation Guide
			SE02	Transaction Set Control Number	Follow rules of the Implementation Guide



5. DOCUMENT CHANGE HISTORY

Project Information
Project Name: North Carolina Medicaid Companion Guide
Status: Final (Version number and date are used for configuration control of this deliverable)

The controlled master of this document is available in the EDS North Carolina Title Nineteen (NCXIX) eRoom^{®1}. Hard copies of this document are for information only and are not subject to document control.

Version	Issue Date	Created By	Comments/Reason
1.0	06/02/03	Allen Dowdle and Frank Carpenter	Original document

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